

OFFICE OF THE ILLINOIS STATE TREASURER

Broker/Dealer and Authorized Counterparty Questionnaire

Please fully complete this profile and attach any documentation to support the information provided. All information provided is subject to independent verification by the Treasurer's Office. The Treasurer's Office reserves the right to request additional information before accepting the firm as a counterparty qualified to do business with the Treasurer's Office.

(For any question that does not apply to your firm, please indicate by "N/A" in the response)

I. BACKGROUND

Name of Firm _____

Primary Illinois Address _____

Company Headquarters Address _____

Number of employees in Illinois offices: _____

Number offices in Illinois: _____

Number of employees company-wide: _____

Primary Contact _____ Secondary Contact _____

Title _____ Title _____

Phone _____ Phone _____

Email _____ Email _____

Address _____ Address _____

(If other than above)

(If other than above)

II. KEY PERSONNEL

Note all personnel who will be trading with or quoting securities to the Treasurer's authorized investment staff.

Name	Registration Type	Phone

III. FIRM PROFILE

Are you a member of the Financial Industry Regulatory Authority (FINRA)? Yes No

If yes, please note the number of years _____

What was your firm's total trading volume in U.S. Government & Agency securities last year?

	Treasury	Agency
Company-wide	\$ _____	\$ _____
# of transactions	_____	_____

Which instruments are predominately offered by your firm?
(Indicate by designation percentage of total business allocated to each type.)

- Treasury Instruments _____%
- U.S. Agencies _____%
- Repurchase Agreement _____%
- Commercial Paper _____%
- Taxable Municipal Bonds _____%
- Money Market Funds _____%
- _____%
- _____%

Has your firm ever been notified by a regulatory, state or federal agency that it has conducted improper, fraudulent, disreputable or unfair activities related to the sale of any securities or money market instructions? Yes No

Does your firm or any of its employees have litigation pending that would materially impact the firm's business? Yes No

If yes, explain:

Has your firm consistently complied with SEC's net capital adequacy guidelines? Yes No

For the most recent filed quarter-ending report, did your firm report a profit during the most recent financial reporting period? Yes No

For the most recent filed annual report, did your firm report a profit during its last fiscal year? Yes No

For the most recent filed quarter-ending report, what was the total asset size reported?

For the most recent filed annual report, what was the total asset size reported?

IV. ALL FIRMS: OWNERSHIP AND DIVERSITY PROFILE

Is your firm incorporated? [] Yes [] No

If so:

- a. Where? _____
- b. Is it publicly traded? [] Yes [] No
- c. Is it privately held? [] Yes [] No

If your firm is not incorporated or privately held, the Treasurer’s Office seeks to accord preference to qualified broker/dealers that can demonstrate or attest that (1) greater than 50% of the ownership interest of the firm is held by minority, female, veteran, and/or disabled persons, OR (2) greater than 75% of the firm’s senior managers are minority, female, veteran, and/or disabled persons.¹ As such, please indicate:

What percentage of owners are:

- a. Female? _____%
- b. Member of a minority group? _____%
Please indicate the minority makeup:
 - African American _____%
 - Latino American _____%
 - Asian American _____%
 - Native American _____%
- c. Military veterans? _____%
- d. Persons with disabilities: _____%

Among your senior management, what percentage of managers are:

- a. Female? _____%
- b. Member of a minority group? _____%
Please indicate the minority makeup:
 - African American _____%
 - Latino American _____%
 - Asian American _____%
 - Native American _____%
- c. Military veterans? _____%
- d. Persons with disabilities: _____%

Firms that meet the above thresholds (greater than 50% for ownership or greater than 75% for management) and seek to claim preferential status must submit at least one of the following:

1. State of Illinois Certification – Provide proof of a current State of Illinois certification.²
2. Attestation Form: Claiming Status as a Minority, Woman, Veteran, or Disabled-Owned or Managed Firm – Provide a completed copy of the Attestation Form (included below) signed by the General Partner of the firm.

Please attach a listing of your senior management personnel that includes each manager’s (1) name, (2) title, (3) phone number, (4) email address, and (5) an annotation as to whether the individual claims status as a minority, female, veteran, and/or disabled person.

¹ For purposes of this process, the definitions of “minority,” “female,” “veteran,” and “disabled person” are located in the Business Enterprise for Minorities, Females and Persons with Disabilities Act (30 ILCS 575) and Sections 45-57 (“Veterans”) of the Illinois Procurement Code (30 ILCS 500/45-57).

² A State of Illinois Certification is granted by the Illinois Department of Central Management Services to a Minority Business Enterprise, a Female Business Enterprise, or a Person with Disabilities Enterprise under the Business Enterprise Program (30 ILCS 575), or to a Service-Disabled Veteran-Owned Business or a Veteran-Owned Business under the Veterans Business Program (30 ILCS 500/45-57).

V. CERTIFICATION

I hereby attest that the foregoing responses to the Broker/Dealer and Authorized Counterparty Questionnaire of the Illinois State Treasurer's Office are true and correct, and any misrepresentations are subject to penalties under applicable state and federal laws.

Signed: _____

Position: _____

Firm: _____

Date: _____